



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
HISTORICAL PRESERVATION & HERITAGE COMMISSION

Old State House 150 Benefit Street Providence, RI 02903

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www.preservation.ri.gov

**GRANTS-IN-AID APPLICATION/FEDERAL FISCAL YEAR 2015
HISTORIC PRESERVATION PROJECTS FOR CERTIFIED LOCAL GOVERNMENTS**

DUE DATE: Monday, DECEMBER 8, 2014

PROJECT TITLE: _____

AMOUNT OF GRANT REQUEST: _____

I. CERTIFIED LOCAL GOVERNMENT

NAME OF CERTIFIED LOCAL GOVERNMENT (CLG) _____

City/Town Hall Address _____

Street _____

City/Town _____ Zip _____

NAME OF CHIEF LOCAL ELECTED OFFICIAL _____

Office Address _____

Street _____

City/Town _____ Zip _____

Daytime Telephone _____

E-mail address _____

NAME OF CLG CONTACT PERSON _____

Office Address _____

Street _____

City/Town _____ Zip _____

Daytime Telephone _____

E-mail address _____

II. HISTORIC DISTRICT

NAME OF LOCAL HISTORIC DISTRICT ZONING AREA(S)

LOCATION_____

NAME OF HISTORIC DISTRICT COMMISSION CHAIR

Mailing Address_____

Street _____

City/Town _____ Zip_____

Daytime Telephone_____

E-mail address _____

III. PROJECT IDENTIFICATION AND DESCRIPTION

PROJECT TITLE:

Location of project area. Identify the districts if the project area is in a National Register/local historic district zoning area.

Attach a map of the project area.

PROJECT AREA IS LOCATED IN CONGRESSIONAL DISTRICT #_____

If the project is a survey or National Register nomination, provide the approximate number of resources (buildings, sites, structures, and/or objects.

PROJECT DESCRIPTION: Identify what the subgrant is and give a brief description of its purpose. Explain **HOW** project work will be carried out, and **BY WHOM**. Describe what **WORK PRODUCTS** will be produced under the subgrant.

If the CLG is delegating this project, including subgrant administration, to a third party organization, which will act on the CLGs behalf as subgrantee, and receive funds directly from the RIHPHC, please state this in the Project Description.

Indicate who the principal PROJECT PERSONNEL will be and whether they meet the professional qualification standards detailed in 36 CFR Part 61 (see instructions). If you are proposing a location for the STATEWIDE HISTORIC PRESERVATION CONFERENCE, or a training workshop, state whether the proposed building for the conference will be accessible to the disabled.

PROJECT DESCRIPTION CONTINUED:

IV. PROJECT SCHEDULE

Outline the project work schedule and note the dates that preliminary work products (if applicable) will be submitted for review by the Rhode Island Historical Preservation and Heritage Commission.

<u>Date (month/year)</u>	<u>Work Item</u>
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V. PROJECT SELECTION CRITERIA

Describe how project work meets the RI Historical Preservation and Heritage Commission's Project Selection Criteria outlined in the Instructions.

VI. BUDGET

AMOUNT OF GRANT REQUEST: \$ _____

NON-FEDERAL MATCHING SHARE \$ _____

TOTAL PROJECT COST \$ _____

Provide a simple budget which includes major line items such as: personnel, equipment, supplies, travel, contributed services (see application instructions). The budget must include BOTH the federal and non-federal matching share amounts. (Use a separate page if necessary).

VII. NON-FEDERAL MATCHING SHARE

- a. Donor _____
Total Amount _____

Source _____

Kind _____
Date Available _____
- b. Donor _____
Total Amount _____

Source _____

Kind _____
Date Available _____
- c. Donor _____
Total Amount _____

Source _____

Kind _____
Date Available _____

Briefly describe how matching share contributes to achieving the scope of work proposed in Section II.

VIII. ASSURANCES

In consideration of and for the purpose of applying for a historic preservation grant from the Rhode Island Historical Preservation and Heritage Commission, we, the City/Town of _____ and its respective Historic District Commission, hereby assure and pledge that we currently meet and will continue to meet the following:

Laws and Regulations: Grants will be administered in conformance with all applicable federal and state laws, regulations and policies of the Rhode Island Historical Preservation and Heritage Commission grant program including but not limited to:

- a. Compliance with equal opportunity and handicapped laws and regulations;
- b. Conducting all bidding and contracting actions in a manner that provides for maximum open and free competition in compliance with the Office of Management and Budget Circular A-102;
- c. Certification that the municipality is not presently debarred, suspended, ineligible, or voluntarily excluded from receiving federal funds by any federal department or agency (signature required on the attached Lower Tier Debarment Certification form).

Project Funding: Adequate financial resources will be available to initiate the project upon federal approval, complete the proposed work on schedule and provide for the cash flow requirements of the project taking into consideration preferably one or two interim reimbursements (maximum of four) and one final reimbursement. The matching share will meet the standards explained in the attached instructions.

Personnel: The project will be conducted by a person or persons whose qualifications meet Professional Qualifications Standards 36 CFR, Part 61 and are approved by the Rhode Island Historical Preservation and Heritage Commission to ensure conformance with federal standards.

Final Project: A Final Project Report as described in the instructions will be submitted as a condition of final reimbursement.

Termination: Termination or reduction of the grant award may occur at any time by the Rhode Island Historical Preservation and Heritage Commission if the project work does not meet the approved plan(s) and/or specifications or if the subgrantee fails to fulfill, in a timely manner, his or her obligations under the grant.

SIGNED:

Chief Elected Official

Date

Print Name

Historic District Commission Chair

Date

Print Name

Name of person who completed this application:

Street _____

City/Town _____ Zip _____

Daytime Telephone _____

E-mail address _____

☐ Map attached (please check)